	Connecticut Departme	ent of Public	Health	Drinkin	g Water S	ection			
	Water Quality I	Monitoring a	and Com	pliance	Schedule				
PWS ID	PWS Name	8:		<u> </u>	Population O		mary Source		
CT0200054	BURLINGTON HIGHWAY DEPT (GAR	AGE)		NC	25	L	GW		
Local Address (w	/here applicable)	Service	Residenti	al Commer	cial Industrial	Combined	Agricultural		
66 BELDEN ROAI	D	Connectio	ons	1					
Towns Served: B	URLINGTON			,					
		Monitoring Re	quiremen	ts					
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliform	•					outine (RT) p	-		
	oint (Sampling Point ID)		Monitorin	9	Collection Perio		nce Status		
Select from	Inventory of Active Sampling Points		10/1/18 - 1				nplete		
			1/1/19 - 3			Cor	nplete		
			4/1/19 - 6						
		7/1/19 - 9	9/30/19						
_	Physical Parameters (PPS)						utine (RT) per quarter		
Sampling Point (Sampling Point ID)			Monitorin		Collection Perio		nce Status		
Select from Inventory of Active Sampling Points				10/1/18 - 12/31/18 1/1/19 - 3/31/19			nplete nplete		
			4/1/19 - 6			COI	iibiete		
			7/1/19 - 9						
Water System	Facility: ENTRY POINT (WSF ID:	00700)	7/1/13	7,30,13					
Nitrate And N	•					1 routine (R	[] ner vear		
	oint (Sampling Point ID)		Monitorin	a Period	Collection Perio	-	nce Status		
ENTRY POI			1/1/18 - 1	_			nplete		
	, ,		1/1/19 - 1				nplete		
			1/1/20 - 1	2/31/20					
	0	ther Complian	ice Schedi	ıles					
Compliance Sch		ther Complian		ules ue Date	Achieve	d Date			
Compliance Scho	edule Activity	ther Complian	D		Achieve	d Date			
-	edule Activity NITARY SURVEY	ther Complian lic Notification	9/	ue Date 16/2015	Achieve	d Date			
-	edule Activity NITARY SURVEY		9/	nents	Achieve Notification	d Date PN Certi	fication		
RESPOND TO SA Violation/Situat	edule Activity NITARY SURVEY Pub	lic Notification Compliance Period	9/ n Requires Notice Tier	nents Public Required	Notification Notification	PN Certi Due to DPH	fication Received		
RESPOND TO SA Violation/Situat	edule Activity NITARY SURVEY Pub ion pidity MCL Violation	Compliance Period 1/1/11 - 3/31/1	Position Provided Pro	nents Public Required 3/10/201	Notification Performed	PN Certi			
RESPOND TO SA Violation/Situat	edule Activity NITARY SURVEY Pub ion pidity MCL Violation	lic Notification Compliance Period	Position Provided Pro	nents Public Required 3/10/201	Notification Performed	PN Certi Due to DPH			
RESPOND TO SA Violation/Situat Distribution Turk Water	Pub ion oidity MCL Violation Water Systen	Compliance Period 1/1/11 - 3/31/1 The Facility and S	Notice Tier 11 2 Sampling I	nents Public Required 3/10/201 Point Inv	Notification Performed entory Total Lead ar	PN Certi Due to DPH 3/20/2012			
RESPOND TO SA Violation/Situat Distribution Turk Water System Wate	Pub ion oidity MCL Violation Water System er System Facility Sampli	Compliance Period 1/1/11 - 3/31/1 1 Facility and S	Point	nents Public Required 3/10/201 Point Inv	Notification Performed entory Total Lead ar	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Water Facility ID	Pub ion bidity MCL Violation Water System r System Facility Sampling	Compliance Period 1/1/11 - 3/31/1 The Facility and Some Point Sampling Poscription Description	Notice Tier 11 2 Sampling I	nents Public Required 3/10/201 Point Inv	Notification Performed entory Total Lead ar oliform Coppe Rule Rule Ti	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Water Facility ID	Pub ion oidity MCL Violation Water System r System Facility RIBUTION SYSTEM	Compliance Period 1/1/11 - 3/31/1 1 Facility and S Ing Point Sampling in Description 4 DISTRIBUT	Notice Tier 11 2 Sampling I	nents Public Required 3/10/201 Point Inv Status A	Notification Performed entory Total Lead ar	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Water Facility ID	Pub Sion Didity MCL Violation Water System Fr System Facility RIBUTION SYSTEM DOWN	Compliance Period 1/1/11 - 3/31/1 1 Facility and S Ing Point Sampling in Description 4 DISTRIBUT STREAM WITHIN 5:	Notice Tier 11 2 Sampling I Point ION SYSTEM SERVICE CON	nents Public Required 3/10/201 Point Inv Status A A	Notification Performed entory Total Lead ar oliform Coppe Rule Rule Ti	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Water Facility ID 00600 DISTR	Pub Sion Didity MCL Violation Water System Facility RIBUTION SYSTEM DOWN UPST	Compliance Period 1/1/11 - 3/31/1 1 Facility and S In Pacility and S In Point Sampling of Description 4 DISTRIBUT STREAM WITHIN 5 STREAM	Point FION SYSTEM SERVICE CON	Public Required 3/10/2011 Point Inv Status A A A	Notification Performed entory Total Lead ar oliform Coppe Rule Rule Ti	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Wate Facility ID 00600 DISTR	Pub Sion Didity MCL Violation Water System Provided System Water Sy	Compliance Period 1/1/11 - 3/31/1 1 Facility and S Ing Point Sampling in Description 4 DISTRIBUT STREAM WITHIN 5: REAM WITHIN 5: 3 ENTRY POI	Point FION SYSTEM SERVICE CON	nents Public Required 3/10/201 Point Inv Status A A A A	Notification Performed entory Total Lead ar oliform Coppe Rule Rule Ti	PN Certi Due to DPH 3/20/2012	Received Stage		
Violation/Situat Distribution Turk Water System Wate Facility ID 00600 DISTR	Pub Sion Didity MCL Violation Water System Provided System Water Sy	Compliance Period 1/1/11 - 3/31/1 1 Facility and S In Pacility and S In Point Sampling of Description 4 DISTRIBUT STREAM WITHIN 5 STREAM	Point In SERVICE CON INT	Public Required 3/10/2011 Point Inv Status A A A	Notification Performed entory Total Lead ar oliform Coppe Rule Rule Ti	PN Certi Due to DPH 3/20/2012	Received Stage		

Job Title

State

Zip Code

06013

First Selectman

City

Burlington

Organization

Burlington

Mailing Address Line Two

Name

Mr. Thedore C. Shafer

200 Spielman Highway

Mailing Address Line One

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0200054	BURLINGTON HIGHWAY DEPT (GARAGE)				NC	25	L	GW	
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
66 BELDEN ROAD		Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: BURLINGTON

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-673-6789		860-673-8607			shafer.t@burlingtonct.us

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	0		'n 11: **	1.1	D :	1	YAY				
	Connecticut De	•					$\overline{}$		ection		
		uality Monit	oring and	i Com							
PWS ID	PWS Name						-		vner Type	Prir	nary Sourc
CT020009		LL			N	С	2		L		GW
Local Addr	ress (where applicable)		Service	Resident	ial Cor	mmer	cial In	dustrial	Combine	ed	Agricultura
200 SPIELN	MAN HIGHWAY		Connections			1					
Towns Ser	ved: BURLINGTON					_					
			oring Requ	ireme	nts						
•	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
	liform (3100)								=		r quarter
Samp	pling Point (Sampling Point ID)		1	Monitorii	ng Perio	od	Collecti	ion Period	d Com	pliar	ice Status
Selec	t from Inventory of Active Samp	oling Points	1	10/1/18 -							plete
			1/1/19 - 3/31/19							Com	plete
			4/1/19 - 6/30/19								
				7/1/19 -	9/30/19	9					
Physical	Parameters (PPS)							1 ro	utine (R1	Г) ре	r quarter
Samp	oling Point (Sampling Point ID)		1	Monitorii	ng Perio	od	Collection Period			Compliance Status	
Selec	t from Inventory of Active Samp	oling Points	1	10/1/18 - 12/31/18					-	Com	plete
				1/1/19 - 3/31/19					ı	Com	plete
				4/1/19 -	6/30/19	9					
				7/1/19 -	9/30/19	9					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	L routine	(RT	per year
Samp	oling Point (Sampling Point ID)		1	Monitoring Period		od	Collection Period		d Com	Compliance Status	
ENTR	Y POINT (3)		1/1/18 - 12/31/18			L8			1	Com	plete
				1/1/19 - 1	12/31/1	L9				Com	plete
				1/1/20 - :	12/31/2	20					<u> </u>
		Other C	ompliance	Sched	ules						
Compliand	ce Schedule Activity		-	Ĺ	Due Dat	te		Achieved	d Date		
RESPOND	TO SANITARY SURVEY			7	7/5/201	.5					
	Wate	r System Facili	ty and San	npling	Point	lnv	entor	у			
Water		-				1	Total	Lead and	d		
System	Water System Facility	Sampling Point		nt		Co	oliform	Copper			Stage
Facility ID		ID	Description		Stat	tus	Rule	Rule Tie	r Asbesto	os N	/QP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А		Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A	١					
		UPSTREAM	WITHIN 5 SER	VICE CON	I A	٨					
00700	ENTRY POINT	3	ENTRY POINT		А	١					
20425	WELL	2	WELL		Α	١					
		Con	tact Inforn	nation							
Name			ganization						Job Title	e	
	ore C. Shafer		ırlington				Firs	t Selectm		-	
	ddress Line One	Mailing Address					Ci		State	7	Zip Code
								-1	2.0.0		- 12 0000

Mobile Phone

Burlington

shafer.t@burlingtonct.us

Emergency Phone | Email Address

CT

06013

200 Spielman Highway

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-673-8607

Business Phone

860-673-6789

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty Monne	or mig and	a don	ipmamee i	Jeneau		
PWS ID	WS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0200094	T0200094 BURLINGTON TOWN HALL					L	GW
Local Address (v	Local Address (where applicable)			tial Commerc	ial Industri	al Combine	ed Agricultural
200 SPIELMAN I	00 SPIELMAN HIGHWAY			1			
Towns Served: I	BURLINGTON						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth D	rink	ing V	Vater	Secti	on		
	Water (Quality Monit	oring and	d Comp	liand	ce Scl	hedule	9			
PWS ID	PWS Name	<u> </u>	<u> </u>		assificat				Гуре Р	rimary Source	
CT0200264	SESSIONS WOODS WIL	DLIFE MANAGEMENT	AREA		NC		25	S	,,	GW	
	ess (where applicable)		Service	Residentia		nercial	Industria	l Cor	nbined		
343 MILFO			Connections			1				- Greensen	
	ved: BURLINGTON										
		Monito	oring Requ	iirement	:S						
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)								
Total Col	iform (3100)						1	routine	e (RT)	per quarter	
Samp	ling Point (Sampling Point ID))		Monitoring	Period	Colle	ction Peri	iod	Compl	iance Status	
Select	from Inventory of Active Sar	npling Points	:	10/1/18 - 12	2/31/18				Co	mplete	
				1/1/19 - 3/	31/19				Co	mplete	
				4/1/19 - 6/						<u> </u>	
				7/1/19 - 9/							
Physical I	Parameters (PPS)				<u> </u>		1	routine	e (RT)	per quarter	
-	ling Point (Sampling Point ID))		Monitoring	Period	Colle	ction Peri				
Select from Inventory of Active Sampling Points				10/1/18 - 12					Complete		
γ σ σ				1/1/19 - 3/						mplete	
				4/1/19 - 6/						,	
				7/1/19 - 9/							
Water Sys	stem Facility: ENTRY POI	NT (WSF ID: 00700)		,, _, _,	00, 20						
Nitrate A	nd Nitrite (NOX)							1 rou	tine (F	RT) per year	
Samp	ling Point (Sampling Point ID))		Monitoring Period Collection Perio			iod	d Compliance Status			
ENTR'	Y POINT (3)			1/1/18 - 12/31/18					Co	mplete	
				1/1/19 - 12	/31/19						
				1/1/20 - 12							
		Other Co	ompliance								
Complianc	e Schedule Activity		•		e Date		Achiev	ed Dat	2		
_	NNECTION EXEMPTION			3/1	1/2016						
		er System Facili	ty and Sar			nvent	orv				
14/eston	vuc	er system raem	ty and sai	ııbınığ ı			•	d			
Water System	Water System Facility	Sampling Point	Samplina Poi	nt		Total Colifor				Stage	
Facility ID	and a parameter wanter	ID	Description 1		Status				bestos	WQP 2 DBPR	
_	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ					
		DOWNSTREAM			Α	•					
		UPSTREAM	WITHIN 5 SER		A						
00700	ENTRY POINT	3	ENTRY POINT		A						
	WELL	2	WELL		A						
20442			tact Inforr	nation							
Nama				nation				1-1	T:+!-		
Name Mr. David	Cooley		rganization	a linit		-	uny Chail f		Title		
Mr. David	-		eep-Engineerin	ig Unit		5	Supv Civil E			7in Cod-	
iviaiiing Ad	dress Line One	Mailing Address	s Line Two				City	S	tate	Zip Code	

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

06480

163 Great Hill Road

Business Phone

860-342-2215

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Monit	Ji ilig alli	a Con	upi	lance c	ciicaai	C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0200264	SESSIONS WOODS WILDLIFE MANAGEMENT		NC	25	S	GW		
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
343 MILFORD STREET Connections			1					

Towns Served: BURLINGTON

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	nt of Public H	ealth	Di	rinking	g Water	Se	ection	
	Water Quality M	onitoring and	d Con	ıpl	iance S	Schedul	le		
PWS ID	PWS Name			Clas	ssification	Population	Ow	ner Type P	rimary Source
CT0200334	YMCA CAMP CHASE				NC	25		Р	GW
Local Address (v	where applicable)	Service	Residen	tial	Commerci	ial Industri	al	Combined	Agricultural
ROUTE 4		Connections			1				
Towns Served: E	BURLINGTON								
	M	onitoring Requ	ireme	nts	}				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	n (3100)						1 ro	utine (RT)	per month
Sampling F	Point (Sampling Point ID)	1	Monitori	ng P	Period C	Collection Pe	riod	Compli	ance Status
Select from	Select from Inventory of Active Sampling Points				1/19				
			6/1/19 -	6/3	0/19				
			7/1/19 -	7/3	1/19				
		8/1/19 -	8/3	1/19					
			9/1/19 -	9/3	0/19				
Physical Para	• •						1 ro	utine (RT)	per month
Sampling F	Point (Sampling Point ID)	I	Monitoring Period			Collection Pe	riod	Compli	ance Status
Select from	n Inventory of Active Sampling Points		5/1/19 -	5/3	1/19				
			6/1/19 -	6/3	0/19				
			7/1/19 -	7/3	1/19				
			8/1/19 - 8/31/19						
			9/1/19 -	9/3	0/19				
Water System	Facility: ENTRY POINT - WELL 2 (\	NSF ID: 00700)							
Nitrate And N	litrite (NOX)						1	routine (R	T) per year
Sampling F	Point (Sampling Point ID)	I	Monitori	ng P	Period C	Collection Period Compliance Statu			ance Status
EP - WELL 2	2 (3)		1/1/18 -	12/3	31/18			Со	mplete
			1/1/19 -	12/3	31/19				
			1/1/20 -	12/3	31/20				
Water System	Facility: ENTRY POINT - WELL 1 (\	WSF ID: 00701)							
Nitrate And N	litrite (NOX)						1	routine (R	T) per year
Sampling F	Point (Sampling Point ID)	1	Monitori	ng P	Period C	Collection Pe	riod	Compli	ance Status
EP - WELL :	1 (3)		1/1/18 -	12/3	31/18			Co	mplete
			1/1/19 -	12/3	31/19				
			1/1/20 -	12/3	31/20				
	Oth	er Compliance	Sched	lule	es				
Compliance Sch	edule Activity			Due	Date	Achie	ved	Date	
CROSS CONNEC	TION SURVEY REPORT			3/1/	2015				
SEASONAL STAR	RT UP COMPLETION			5/1/	2019				
	Public	Notification R	equire	eme	ents				
		Compliance	Notice		Public N	<u>otification</u>		PN Cert	<u>tification</u>
Violation/Situa	tion	Period				Due to DPH	Received		
REVISED TOTAL	COLIFORM RULE (RTCR)	5/2/17 - 7/21/17	3	1	11/22/2018	3		12/2/2018	

			Water System Facili	ity and Sampling I	Point Ir	vento	ry			
S	Vater ystem cility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
(00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ				

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 <i>J</i>			1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0200334	YMCA CAMP CHASE				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 4			Connections		1			

Towns Served: BURLINGTON

	Water System Facility and Sampling Point Inventory										
Water					Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage		
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT - WELL 2	3	EP - WELL 2	Α							
00701	ENTRY POINT - WELL 1	3	EP - WELL 1	Α							
20448	WELL 2	2	WELL 2	Α							
55024	WELL 1	2	WELL 1	Α							
55121	ATMOSPHERIC STORAGE TANK										
55123	HYDROPNEUMATIC TANK										

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Clifford O'brien				Farmington '	Valley YMCA	Assoc Prop Director			
Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code	
97 Salmon Brook St	reet					Granby		СТ	06035
Business Phone	usiness Phone Extension Fax M		Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-549-7116						cliff.obri	en@ghymca	a.org	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Classification Po		Population	Owner Type	Primary Source	
СТ0209314	THE FROZEN GNOME				NC	31	Р	GW	
Local Address (where applicable) Service Resid				tial	Commerci	al Industri	al Combine	ed Agricultural	
511 SPIELMEN	11 SPIELMEN HIGHWAY Connections								

Towns Served: BURLINGTON			
Monitor	ing Requirement	S	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12	/31/18	Complete
	1/1/19 - 3/	31/19	Complete
	4/1/19 - 6/	30/19	
	7/1/19 - 9/	30/19	
Physical Parameters (PPS)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12	/31/18	Complete
	1/1/19 - 3/	31/19	Complete
	4/1/19 - 6/	30/19	
	7/1/19 - 9/	30/19	
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		11	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring	Period Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/	31/18	Complete
	1/1/19 - 12/	31/19	
	1/1/20 - 12/	31/20	
Public Notif	ication Requirem	ents	
Con	npliance Notice	Public Notification	PN Certification

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/2011		3/12/2011				
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011				
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013				
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014				
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014				

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
55382	WELL #1	2	WELL #1	Α						
56302	BLADDER TANK		·							

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e		
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source	
CT0209314	THE FROZEN GNOME				NC	31	Р	GW	
Local Address (where applicable) Servic			Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural	
511 SPIELMEN F	Connections			3					

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Christian P. Gombos				The Frozen (Gnome		Owner			
Mailing Address Line One Mailing Add			Address Line Two			City	State	Zip Code		
511 Spielman Highway					Burlingto	on	СТ	06013		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-673-5452		860-673-	3873		860-250-4691	591				
Contact Role(s): A	dministrative	Contact, Leg	al Contac	t, Owner						
Name				Organization	Organization			Job Title		
Laurel Land Design	LLC									
Mailing Address Lin	ie One		Mailing A	Address Line Two		City		State	Zip Code	
511 Spielman Hywy	/					Burlington		СТ	06013	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
Contact Role(s): O	wner									

Please note the following:

Towns Served: BURLINGTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule